U.S. Department of Jastice cv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/PROGESSRECEIPEDAND&RETURN

United States Marshals Service

PLAINTIFF		0			COURT CASE NUM	MBER 2 3		
7 um	nothy	59/85			2-21-2	V 2 N		
DEFENDANT		1.0100	01 11		TYPE OF PROCESS	WHI		
1 h	NAME OF INDIVIDI	IAL COMPANY CO	PROPATION FTC T	O SERVE OF DESCR	PIDTION OF PROPERTY 1	TO SEIZE OR CONDEMN		
SERVE	DAV	ID W	STAN	J 70N	di How of Troftki i	TO BEIZE OR CONDEWN		
AT	AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5600 HALTSON AVENUE CINCINNATION 45248							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285								
Timot	hy Gale	S 16 " 11 X			Number of parties to served in this case			
710 G	mBUS, OH	AUENUE 4320	7		Check for service on U.S.A.			
	CTIONS OR OTHER INFO.			OITING SERVICE (In	clude Business and Alterna	te Addresses, L6 30		
MAY BE	SERVED a	+ FRATE	MAL OR	dee of t	blice! 222	Town St Color		
Signature of Attorne	other Originator requesting	g service on behalf of:	PLAINTIFF DEFENDAN	1/-1//-	ONE NUMBER -376-4346	DATE		
	SPACE BELOW F	OR USE OF U.S.	MARSHAL ON	LY - DO NOT W	RITE BELOW THIS	S LINE		
I acknowledge receip				nature of Authorized U	SMS Deputy or Clerk	Date		
number of process in (Sign only for USM 2) than one USM 285 is	285 if more	Origin No. 💪	No. LD	Julie .	Foster	8/29/22		
	return that I have person, corporation, etc., at the add							
☐ I hereby certify a	and return that I am unable t	o locate the individual,	company, corporation	, etc. named above (See	remarks below)			
Name and title of inc	dividual served (if not shown	above)			Date 9/7/22	Time am		
Address (complete o	nly different than shown abo	ove)			Signature of U.S. Ma	arshal or Deputy		
	æ				Julie	Juster		
Service Fee	Total Mileage Charges	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Mar	rshal* or		
8.00	(including endeavors)	,	8.00	54	(Amount of Refund*)			
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	CERTIFIED MAIL Domestic Mail Only For delivery information, visit of the second of t	® RECEIPT ur website at www.usps.com*.	#: 383
SENDER: COMP	PS Form 3800, April 2015 PSN 7530-02	COMPLETE THIS SECTION OF	251
 Attach this card or on the front if Article Addressed 		B. Reserved by (Printed Name) D. Is delivery address different from If YES, enter delivery address.	
2. Article Number (Tra	6750 1074 4059 35 Inster from service label) 350 0001 8412 099 y 2020 PSN 7550-02-000-5055		☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Delivery☐ Delivery☐ Delivery☐ Delivery☐ Delivery☐ Domestic Return Receipt

U.S. Department of distinct v-00328-MHW-KAJ Doc #: 27 Filed: 10/14/2**PROCESS RECALP DAND 4RETURN**United States Marshals Service See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF		1	^					COURT CASE NU	MBER		2
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DEFENDANT							TYPE OF PROCES			Mean	
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Signature of Attorn	ney other Originator	requesting ser	vice on behalf of:	PLAIN	TIFF	TELEPH	IONE I	NUMBER	DATE	<u>_</u>	7
Charles and the same of the sa	Tak			DEFEN	IDANT	614	-37	6-9346			*
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number of process (Sign only for USM	1 285 if more	/	Origin No.	Serve No.	7.1		1			376	
than one USM 285					July -		,0		A 1995	()	
I hereby certify and individual, compar	d return that I [_] harmy, corporation, etc.,	ave personally at the address	served, 🌅 have shown above on t	legal evidence of he on the individu	service, [] al, company,	have executed corporation, of	d as she etc. she	own in "Remarks", th	e process of	lescribed v.	on the
☐ I hereby certify	y and return that I an	unable to loca	ate the individual,	company, corpor	ation, etc. nan	ned above (Se	ee rema	ırks below)		i G	
Name and title of i	ndividual served (if	not shown abo	ve)					Date 9 12 22	Time	QI	am
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Case: 2:21-cv-00328-MHW-KAJ Doc #	CERTIFIED MAIL® REC	EIPT
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7021	Sent To Street and Apt. No., or PO Box No. City, State, ZIP+4*	n 328

PS Form 3800, April 2015 PSN 7530-02-000-9047



See Reverse for Instructions

U.S. Department of 3:21 ccv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/2 PROCESS RECASE PAND RETURN

United States Marshals Service

PLAINTIFF		0 100			COURT CASE NUMBER
	Mothe/	Gales			2-211 CV-328
DEFENDANT		01/	, ,		TYPE OF PROCESS
1	homas	CHAPLES	et sl		CIVIL
	NAME OF INDIV	IDUAL, COMPANY, C	ORPORATION, ET		CRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE	J twee	CAlleni			ORDER OF TOUCE
AT	ADDRESS (Street	or RFD, Apartment No.,	City, State and ZIP	2 E	1BUS OHIO 43215
SEND NOTICE OF	SERVICE COPY TO R	EQUESTER AT NAME	AND ADDRESS BE		Number of process to be
TIMUST	ad Cal	EC.			served with this Form 285 Number of parties to be
715 C	den doces e	•	JUE_		served in this case
COU	m B	NH 437	07		Check for service on U.S.A.
SPECIAL INSTRU	CTIONS OR OTHER IN	FORMATION THAT W	TILL ASSIST IN EXI	PEDITING SERVICE (Include Business and Alternate Addresses,
		es Available for Service		14-224-5	
CAN	RE SEVE	el at Fi	Rater UAL	Rdal	OF IDICE CO. At 43211
Signature of Attorne	ey other Originator reque	sting service on behalf of	: PLAINTI	IFF TELEPI	HONE NUMBER DATE
11		al _	DEFEND	1	374-9246
	SPACE BELOV	FOR USE OF U.S			WRITE BELOW THIS LINE
I acknowledge recei		Process District of	T T	Signature of Authorized	
number of process in (Sign only for USM).	ndicated.	Origin	Serve	· ·	Osings Deputy of Cierk Date
than one USM 285 is		No. 6/	No. 6/	Julie.	Joster 8/29/22
I hereby certify and individual, company	return that I have pe	rsonally served, have address shown above on	e legal evidence of se the on the individual	ervice, have executed, company, corporation,	ed as shown in "Remarks", the process described on the etc. shown at the address inserted below.
		le to locate the individua			
Name and title of inc	dividual served (if not sh	own above)			Date / Time am
					9/9/22 pm
Address (complete o	nly different than shown	above)			Signature of U.S. Marshal of Deputy
					Juliu Foster
					Security of the security of th
Service Fee	Total Mileage Charges	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or
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Case: 2:21-cv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/22 Page: 6 of 19 PAGEID #: 387 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** 6460 Domestic Mail Only For delivery information, visit our website at www.usps.com® Certified Mail Fee

\$
Extra Services & Fees (check box, add fee as appropriate) Return Receipt (hardcopy) 1000 Return Receipt (electronic) Postmark Certified Mail Restricted Delivery Here Adult Signature Required \$
Adult Signature Restricted Delivery \$ 0320 Total Postage and Fees

Street and Apt. No., or PO Box No.
City, State, ZIP+4*

PS Form 3800, April 2015 PSN 7530-02-000-9047

7021

Sent To

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malbiece or on the front if space permits. 1. Article Addressed to: 	A. Signature X Agent Addressee B. Received by (Printed Name) C Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
9590 9402 6750 1074 4062 53 2. Article Number (<i>Transfer from service label</i>)	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Histored Mail red Mail Restricted Delivery □ Histored Mail red Mail Restricted Delivery
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See Reverse for Instructions

U.S. Department Jais Lecv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/2RQGESSRECE CANDORET DANDORETURN See "Instructions for Service of Process by U.S. Marshal" United States Marshals Service PLAINTIFF COURT CASE NUMBER DEFENDANT TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN **SERVE** ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Number of process to be SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW served with this Form 285 Number of parties to be served in this case Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 614-644-2415 ANDRI 25 MINUTES DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total **Total Process** District of District to Signature of Authorized USMS Deputy or Clerk number of process indicated. Origin Serve (Sign only for USM 285 if more No. No. (p | than one USM 285 is submitted) I hereby certify and return that I 🔲 have personally served, 🔲 have legal evidence of service, 📋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Time am pm. Address (complete only different than shown above) Forwarding Fee **Total Charges** Amount owed to U.S. Marshal * or Service Fee **Total Mileage Charges Advance Deposits** 8.00 (Amount of Refund*) (including endeavors) REMARKS Service made by cert. Nail

	CERTIFIED MAIL® Domestic Mail Only	RECEIPT
	For delivery information, visit our	website at www.usps.com *.
	m OFFICI	AL USE
	Certified Mail Fee \$ Extra Services & Fees (check box, add fee as app Return Receipt (hardcopy) Return Receipt (electronic) Certified Mail Restricted Delivery Adult Signature Required \$	Postmark Here
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	PS Form 3800, April 2015 PSN 7530-02-000	-9047 See Reverse for Instructions
	Company of the second	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3.	A. Signature / / / /
	Print your name and address on the reverse so that we can return the card to you.	X Tauch Addressee
	Attach this card to the back of the mailpiece, r on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
	Article Addressed to:	D la dell'une de marie de l'acceptant de l'acceptan
	Pride 0328	D. Is delivery address different from item 1? If YES, enter delivery address below: No
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U.S. Department in the Control of th

United States Marshals Service

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NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN						
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AT ADDRESS (SI	eet or RFD	Apartment No.,	City, State and ZIF	COde)	t, c	DC OH \$3215
SEND NOTICE OF SERVICE COPY TO	REQUEST	TER AT NAME	AND ADDRESS E	ELOW		Number of process to be served with this Form 285
Timothy (Sal	25				Number of parties to be
710, G1 EN 40	WEY	+ AU	7 12			served in this case Check for service
SPECIAL INSTRUCTIONS OR OTHER	INFORMA	TION THAT WI	LL ASSIST IN EX	OFDITING S	FRVICE (In	on U.S.A.
All Telephone Numbers, and Estimated	Times Avail	able for Service).	:	a LDITH 10 C		227-5400 30
222 Town	7 7	TR 22	T. 00	ithy	SIR	LOCK LINA = MIH
Signature of Attorney other Originator re	uesting ser	vice on behalf of:	PLAIN	TIFF	TELEPH	ONE NUMBER DATE
	ye.		DEFEN		014	316-9140
		7	. MARSHAL	ONLY - D	O NOT W	RITE BELOW THIS LINE
I acknowledge receipt for the total number of process indicated.	tal Process	District of Origin	District to Serve	Signature of	Authorized U	SMS Deputy or Clerk Date
(Sign only for USM 285 if more than one USM 285 is submitted)		No.	No. 6/	Ju	lu	Joste 8/29/22
						as shown in "Remarks", the process described on the
individual, company, corporation, etc., at						
I hereby certify and return that I am u Name and title of individual served (if no			, company, corpora	non, etc. nam	ed above (Se	Dated 1 To T
name and thre of mulvidual served (y no	snown aoo	ve)				Date 9 9 22 Time am pm
Address (complete only different than sho	wn above)					Signature of U.S. Marshal or Deputy
						Juli Foster
						January 1
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(including endeavo	(3)		8.00			(Amount of Return')
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25	U.S. Postal Service™ CERTIFIED MAIL® REC Domestic Mail Only	EIPT
	For delivery information, visit our website	at www.usps.com*.
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7021 0350	Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees \$ Sent To Street and Apt. No., or PO Box No. 032 (City, State, 2IP+4*	8
	PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. Article Addressed to: 	A. Signature X Addressee
9590 9402 6750 1074 4062 91 2. Article Number (<i>Transfer from service label</i>)	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Insured Mail ☐ Mail Restricted Delivery ☐ Mail Restricted Delivery ☐ Signature Confirmation ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery
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U.S. Department of Justice Case: 2:21-cv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/2PROCESSORECEAPTIAND RETURN

United States Marshals Service

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PLAINTIFF	. 1. 0	laa			COURT CASE NU	MBER
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SERVE	NAME OF INDIVIDU	AL, COMPANY, COI	RPORATION, ETC. T	O SERVE OR DESCR	IPTION OF PROPERTY	TO SEIZE OR CONDEMN
AT	ADDRESS (Street or 1	RFD, Apartment No., C		est co	Kunbis, c	sH18 43215
SEND NOTICE OF	SERVICE COPY TO REQU	ESTER AT NAME A	ND ADDRESS BELC	w	Number of process t served with this For	/
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May BE	STRIFEL	+ FRAT	ETNAL 1	TAGER O	7 10/16	COLDINGS OH
Signature of Attorney	other Originator requesting	service on behalf of:	PLAINTIFF		NE NUMBER	DATE
W	- full	_	☐ DEFENDAN		376-9346	(a)
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	eturn that I have person corporation, etc., at the add					
☐ I hereby certify a	nd return that I am unable to	locate the individual,	company, corporation	, etc. named above <i>(See</i>	remarks below)	
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Case: 2:21-cv-00328-MHW-KAJ Doc #, 27 Filed: 10/14/22 Page: 12 of 19 PAGEID #: 393 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** 0932 Domestic Mail Only For delivery information, visit our website at www.usps.com*. 8412 Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy)

Return Receipt (electronic) 1000 Postmark Certified Mail Restricted Delivery
Adult Signature Required Here Adult Signature Restricted Delivery \$ 0380 ostage Total Postage and Fees 7021 Sent To

PS Form 3800, April 2015 PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X
BRICKMAN 0328	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
9590 9402 6750 1074 4062 60 2. Article Number (<i>Transfer from service label</i>)	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery
. 7021 0350 0001 8412 0936	

Case: 2:21-cv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/2 PROCESSIRE CENTEDAN BORETURN

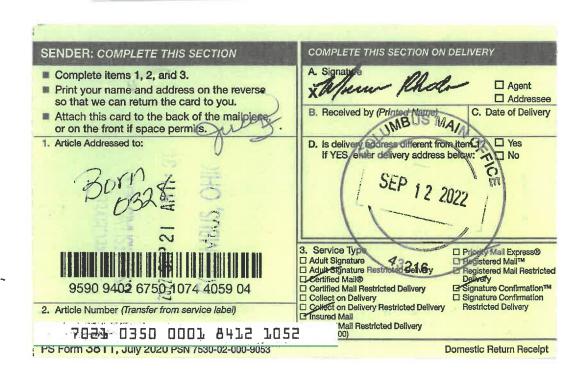
United States Marshals Service

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DEFENDANT	- 17	1.0	Δ			TYPE OF PROCESS		1110.
Thomas	CH	arles	Zh AL			CIVIC		
NAME OF	INDIVIDUAI					ION OF PROPERTY TO S	EIZE OR ÇON	DEMN
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SEND NOTICE OF SERVICE COPY	TO REQUES	STER AT NAME A	AND ADDRESS B	ELOW		Number of process to be	/	
	P					served with this Form 285		
(cmostray	Jal	5				Number of parties to be served in this case	//	
710 GleNdo	wet	7 / 100				Check for service		
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Signature of Attorney other Originator	requesting se	rvice on behalf of:	PLAINT	TIFF T	TELEPHONE	NUMBER DA	TE .	
Wenter	12		☐ DEFEN	DANT	114-37	16-9346	- 13	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE								
I acknowledge receipt for the total	Total Process			Signature of Auth		Denuty or Clerk	Date /	
number of process indicated.	/	Origin	Serve ,			- F	0//-	or/
(Sign only for USM 285 if more than one USM 285 is submitted)		No. 6	No. 6	Julie	Joi	Sie	0/2	1/22
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the								
individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.								
☐ I hereby certify and return that I ar	n unable to lo	cate the individual,	, company, corpora	tion, etc. named al	bove <i>(See rem</i>	arks below)		
Name and title of individual served (if	not shown ab	ove)				Date Tin	ne	am
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Address (complete only different than	shown above)					Signature of U.S. Marsha	l or Deputy	
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PS Form 3800, April 2015 PSN 7530-02-000-9047

City, State, ZIP+4



See Reverse for Instructions

Case: 2:21-cv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/2PROCESSORES EAST LOND RETURN

United States Marshals Service

		Sec _1115	W WENOUS JOY BETTIEC O	1 rocess by O.B. Marshan
Bales			2-21- TYPE OF PROCESS	CV 328 NX
	ORPORATION, ETC. TO	SERVE OR DESC		
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service on behalf of:	PLAINTIFF DEFENDANT	200 1 1 4535	ONE NUMBER -376-9346	DATE
OR USE OF U.S.	. MARSHAL ONL	Y - DO NOT W	RITE BELOW THIS	SLINE
District of Origin	District to Signal No. 4	ture of Authorized U	SM® Deputy or Clerk	Date 8/29/22
locate the individual,	, company, corporation, e	tc. named above (Se	e remarks below)	
above)			Pate 9 10 22	Time am pm
ve)			Signature of U.S. Ma	rshal or Deputy Lostu
Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Mar (Amount of Refund*)	shal* or
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30	U.S. Postal Service™ CERTIFIED MAIL® RE Domestic Mail Only	CEIPT
10	For delivery information, visit our webs	ite at www.usps.com®.
8412 1	Certified Mail Fee	LUSE
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	City, State, ZiP+4 PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions

USPS Tracking[®]

FAQs >

Tracking Number:

Remove X

70210350000184121038

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was delivered to an individual at the address at 5:06 pm on September 10, 2022 in DUBLIN, OH 43016.

Delivered

Delivered, Left with Individual

DUBLIN, OH 43016 September 10, 2022, 5:06 pm

See All Tracking History

Text & Email Updates	~
USPS Tracking Plus®	~
Product Information	~

See Less ^

Track Another Package

Enter tracking or barcode numbers

U.S. Department of Rizite-CV-00328-MHW-KAJ Doc #: 27 Filed: 10/14/2PROCESSORECEAPE | AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER		
TIMOTHY GALES	211-6V-328		
DEFENDANT	TYPE OF PROCESS		
Thomas CHARLES et 11.	CIVIL MI		
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRI	PTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE Thomas P. CHAPLES			
AT ADDRESS (Street or RFP, Apartment No., City, State and ZIP Code) 3061 North bank ROAD BUCKE	YE LAKE OH, 4308		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be		
Timothy Gales	served with this Form 285 Number of parties to be		
710 GLENDOWER AUENUE	served in this case		
Colum Bus, ottio 43207	Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Incl. All Telephone Numbers, and Estimated Times Available for Service):			
All Telephone Numbers, and Estimated Times Available for Service):	44.2415 1D 31 CATA		
SERVE at 1970 WES	ST BROAD : 100 (12 SAFE 9		
(11)	NE NUMBER DATE		
DEFENDANT 614-	0/6-9546		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WE	RITE BELOW THIS LINE		
I acknowledge receipt for the total number of process indicated. Total Process District of Origin Signature of Authorized USI Signature Original USI Signat	MS Deputy or Clerk Date		
(Sign only for USM 285 if more than one USM 285 is submitted) No. 6/ No. 6/ No. 6/	toster 8/29/22		
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have executed a individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc.			
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See	remarks below)		
Name and title of individual served (if not shown above)	Date Time am pm		
Adverse (complete only different than shown about	Signature of U.S. Marshal or, Deputy		
Address (complete only different than shown above)			
	Juli Foster		
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Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal* or		
	(Amount of Refund*)		
7.00			
REMARKS			
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Case: 2:21-cv-00328-MHW-KAJ Doc #: 27 Filed: 10/14/22 Page: U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** Domestic Mail Only 160 delivery information, visit our website at www.usps.com® 8412 Certified Mail Fee Extra Services & Fees (check box, add fee as appropria Return Receipt (hardcopy) 0001 Return Receipt (electronic) Postmark Certified Mail Restricted Delivery Here Adult Signature Required Adult Signature Restricted Delivery \$ 20 ostage Total Postage and Fees 7021 Street and Apt. No., City, State, ZIP+4 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Print your name and address on the reverse ☐ Agent so that we can return the card to you. ☐ Addressee Attach this card to the back of the mailpièce, B. Received by (Printed Name) C. Date of Delivery or on the front if space permits. CHINR 7/12 THOMAS 1. Article Addressed to: D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Registered Mail Restricted
Delivery
☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery 9590 9402 6605 1028 7409 22 ☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation 2. Article Number (Transfer from service label) Restricted Delivery Mail Restricted Delivery 7021 0350 0001 8412 0956 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt